

# WORK SEARCH REPORT -- WEEK ENDING \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

Business name, address & phone number or Web address AND business location & phone number	Job applied for and date.	Application filed, resume submitted, OR Internet app?

\*\*\*\* Continue on back of form until all required employer contacts are reported\*\*\*\*

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I certify that I have searched for work at the above-listed places of business during the above week.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Until you report full-time employment, this form must be submitted (circle one) **IN PERSON** or **MAIL** each week to Fond du Lac County Child Support Agency, 160 S. Macy St, Fond du Lac, WI 54935, phone number 920-907-5624.